

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852199 (9)

1. Corporation Name

~~SAINT LOUIS REINSURANCE COMPANY~~

RGA Reinsurance Company



Principal Place of Business

Mailing Address

660 MASON RIDGE CENTER DR
S300
ST LOUIS MO 63141
US

660 MASON RIDGE CENTER DR
S300
ST LOUIS MO 63141
US

3. Date Incorporated or Qualified
03/16/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 - No Suite # -

27 - No suite # -

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
43-1235868

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAHILL, G. SCOTT
131 PARK LAKE STREET
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE

NAME: WOODRING, ALBERT GREG
STREET ADDRESS: 600 MASON RIDGE CENTER DR
CITY, ST, ZIP: ST. LOUIS MO

1.2 NAME

Woodring, A. Greig

☒ Change ☐ Addition

TITLE SD ☐ DELETE

2.1 TITLE

NAME: SHERMAN, JAMES E.
STREET ADDRESS: 600 MASON RIDGE CENTER DR
CITY, ST, ZIP: ST. LOUIS MO

2.2 NAME

S (NOT DIRECTOR)

☒ Change ☐ Addition

TITLE TD ☐ DELETE

3.1 TITLE

NAME: HUGHES, EDWARD THOMAS
STREET ADDRESS: 660 MASON RIDGE CENTER DR
CITY, ST, ZIP: ST. LOUIS MO

3.2 NAME

300001744709
-03/15/96--01055--014

☒ Change ☐ Addition

TITLE VD ☐ DELETE

4.1 TITLE

NAME: ATKINSON, DAVID BLAINE
STREET ADDRESS: 660 MASON RIDGE CENTER DR
CITY, ST, ZIP: ST. LOUIS MO

4.2 NAME

63141

☒ Change ☐ Addition

TITLE VC ☐ DELETE

5.1 TITLE

NAME: LARSON, TODD C
STREET ADDRESS: 660 MASON RIDGE CENTER DR
CITY, ST, ZIP: ST LOUIS, MO 00000

5.2 NAME

63141

☒ Change ☐ Addition

TITLE VCO ☐ DELETE

6.1 TITLE

NAME: LAY BRIEN, JACK
STREET ADDRESS: 660 MASON RIDGE CENTER DR
CITY, ST, ZIP: ST LOUIS, MO 00000

6.2 NAME

LAY, JACK BRIEN

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Todd C. Larson*

Todd C. Larson
Vice President/Controller

1-24-96

(314) 453-7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)